



MASSACHUSETTS HOSPITAL SCHOOL *-file*

ANNUAL REPORT

YEAR ENDING JUNE 30, 1975

DEPARTMENT OF PUBLIC HEALTH



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THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS HOSPITAL SCHOOL

RANDOLPH STREET

CANTON, MA 02021

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September, 1975





## MASSACHUSETTS HOSPITAL SCHOOL

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## *REPORT OF THE TRUSTEES*

*TO HIS EXCELLENCY, THE GOVERNOR:*

*The Trustees of the Massachusetts Hospital School take pleasure in presenting for your consideration the sixty-seventh annual report of the institution for the fiscal year ending June 30, 1975 and wish to take this opportunity to express their thanks for the cooperation extended to them by you and other State officials in furthering the development of the School.*

*The Trustees realize that the credit for the success in the various departments of the Hospital School is due to the honesty, enthusiasm and interest of the corps of officials, physicians, instructors, nurses and other employees and we are pleased to give expression of our gratitude.*

*We particularly wish to recognize Trustee Nils V. Nelson who completed nearly 30 years of service as a Trustee of the Hospital School. His interest, dedication and warm humanity have been both a model and inspiration for those concerned with the well being of children.*

*RESPECTFULLY SUBMITTED,*

*Paul L. Norton, M.D., Chairman*

*Edward T. Clark*

*Arthur M. Pappas, M.D.*

*Albert J. Norton*

*Nils V. Nelson*





## INTRODUCTION

*The Massachusetts Hospital School is a 175 bed public institution for physically handicapped children. It provides, under one auspice, medical, surgical, educational, nursing, rehabilitative and social services for these youngsters ages 3 months to 21 years.*

### *Purposes:*

*To help physically handicapped children achieve their highest level of independence.*

*To provide high quality medical, social and educational services to children age three months to twenty-one years of age.*

### *Programs:*

*The programs of the Massachusetts Hospital School are classified under six major headings. Those are;*

#### **MEDICAL, SURGICAL, ORTHOPEDIC PROGRAM**

*The goal of this program is to help handicapped children reach their highest level of independence through the provision of a battery of medical-surgical services. The program involves surgical intervention along with the provision of physical therapy, occupational therapy, counselling and related services.*

*The major types of patients participating in this program are individuals suffering from scoliosis, dislocated hips and similar orthopedic problems. In addition, surgical intervention takes place with the cerebral palsy patients to lengthen muscles, release tendons, etc. A third group is the myelodysplastic child who requires plastic surgery or other orthopedic correction.*

*At any one time this program has the capacity for approximately 100. During the last fiscal year 142 operations were performed.*

#### **QUADRIPLEGIC PROGRAM**

*The purpose of this program is to help quadriplegics attain their highest level of independent functioning through a coordinated program of medical care, therapies and a structured milieu. A prime beneficiary of this program is the teen age spinal cord accident victim. During 1975 there were 15 spinal cord accident victims participating in the program. Accidents resulted from diving, automobile, gun shot and falls. The victims of such an accident undergoes a tremendous physical and psychological shock, going from a person of independence and activity to one who will be dependent for the rest of his life on at least one person and be confined to a wheelchair. The program aims at building up the remaining physical capacities of the patient, vigorous training in activities of daily living, emotional and psychological support, along with education.*

#### **NURSERY PROGRAM**

*The purpose of the Nursery Program is to intervene early in the career of a handicapped child to enable the parents to develop a favorable pattern for helping the child lead a more normal life. This program is intended to overcome a very common phenomenon of family maladaptation to the handicapped child. The child is hospitalized for a period of approximately 30 days during which the child undergoes intensive evaluation. Parents are involved with the nursery team and taught to care for their children in the home. The team is composed of physicians, social workers, psychologists, nurses, physical therapist, occupational therapist and a nutritionist. A comprehensive plan is worked out for the child with follow-*



up. The capacity of this program is 50-60 families per year.

## RESIDENTIAL REHABILITATION PROGRAM

The purpose of this program is to provide a residential setting for physically handicapped children who are unable to participate in the community for family or community reasons. The intent of the program is to rehabilitate the child to the point where he can move back into the community. Services provided include a structured setting, physical therapy, occupational therapy, pediatric medical care, and social services.

## EDUCATIONAL PROGRAM

The purpose of this program is to provide educational services from pre-school through high school for the physically handicapped children who are participating in the other programs of the institution. The program includes full educational services and is accredited by the New England Association of Schools and Colleges. In addition to those students living in the institution 35 to 40 day students are taken in. Last year the total number of children served was approximately 210.

## INTEGRATED PRE-SCHOOL PROGRAM

The purpose of this program is to prepare physically handicapped children to participate in the community school programs. This is accomplished by providing pre-school activities in a setting with the non-handicapped child. The types of children served by this program include cerebral palsy, myelodysplastic and related orthopedic problems. Services are provided through a team which includes pediatrician, special teacher, physical therapist, occupational therapist and social worker. The program serves approximately 30 children per day.

## ACCREDITATION

*Hospital:* Approved by the American Board of Orthopedic Surgery, American Medical Association, Massachusetts Board of Registration in Nursing and the Joint Commission on Accreditation of Hospitals.

*School:* Approved by the New England Association of Schools and Colleges in 1972. Accredited for a period of ten years.

## TRAINING PROGRAMS

There are three resident orthopedic surgeons each of whom remains for six months. They rotate from the Carney Hospital, Tufts New England Medical Center and the University of Massachusetts Program.

A three month field work experience is provided by the Occupational Therapy Department to a total of four students from the following universities: University of New Hampshire - 3 and Tufts University - 1.

Nurses Training Programs are provided for students from Chelsea Soldier's Home, Pondville Hospital and Catherine Laboure.

A Health Aid Program is provided for students from the Blue Hills Regional Vocational School.

A Student Training Program is provided by the Physical Therapy Department - this past year there was a total of eight students from Northeastern University.



# ANNUAL REPORT OF THE SUPERINTENDENT

## TO THE BOARD OF TRUSTEES

July 1, 1974 to June 30, 1975

*This document essentially is a summary of some of the significant things that have occurred during my first year as Superintendent at the Massachusetts Hospital School.*

**INTERNAL CHANGES** - In the last two years the Massachusetts Hospital School had major internal changes affecting both its mode of operation and the stability of working relationships. Specifically, a school principal with 44 years of service retired; a steward and a medical director both with over twenty years of service retired; and a superintendent who was associated with the school in different capacities for over 20 years resigned. This change in long term employees at top management levels has a significant impact on the operation of the institution. First, those who replaced the retired employees must learn the job and the working relationships. Secondly, the new people bring a different style of operation to the job to which others must learn to adjust. These changes are still being felt throughout the institution.

Another significant change is the fact that the teachers in the school have been transferred from the Massachusetts Hospital School Department of Public Health budget to that of the Department of Education. Not only have these employees been transferred but policy regarding the operation of the school now has a much more significant input from the Department of Education. This has implications for both the school and the overall institution. In particular it complicates day to day administration in that there are now two departments; Public Health and Education and two executive offices - Human Services and Education through which budget requests, personnel requests, etc. must flow. An important goal would be to reunite the school under the general auspice of a single department.

**EXTERNAL PRESSURES** - There are many external pressures upon Massachusetts Hospital School as there are upon every institution. These pressures are in the following areas:

1. **Patient care** - one would expect that there would be patient care pressures on a hospital. These include:

a. **Utilization Review requirements** - up until a few years ago once a patient entered the Massachusetts Hospital School (except for surgery only) it was expected that he or she would spend many years here and graduate from High School. Our new philosophy is to return children to the community as soon as possible. As a result there is not necessarily an expectation that a child will graduate but rather that he or she will be returned to the home and community as soon as feasible. This requires constant review of the status of particular cases with heavy emphasis on community planning. Utilization review is required also by third parties.

b. **Medical Audit** - Standards of the Joint Commission require significant medical audit capabilities. Essentially this includes completing one medical audit study per month. The Massachusetts Hospital School is at the point of developing criteria against which to audit. This will need to have a significant emphasis in the very near future.

c. **Chapter 766** - this requires core evaluations of every institutional resident and increased community activity. It will result in more severely disabled children being referred to Massachusetts Hospital School.



d. Other standards of the Joint Commission are pressuring the Hospital School, particularly those dealing with environmental factors such as the life safety code, laundry, electrical safety, etc.

e. The Hospital School is attempting to work very closely with Social Security and the Department of Public Welfare to insure that the basic financial needs of patients are met, particularly when they leave the Hospital School.

2. There is a strong emphasis on cost savings from the Governor's Office and Legislature on down. As a result of this we have established energy conservation programs and are attempting to cut costs in a variety of ways.

3. Increase of collections from third parties. There is a very strong pressure that we increase the collections from third parties. To this end we have increased the amount of billing, have obtained Medicaid coverage for the cottages, and are now having a rate determined for the out-patient area. It appears that in the future budget increases may be related to the amount of revenue increases.

4. Public Information of Records - Under new rules and regulations the records of the Hospital School except those dealing specifically with patients or employees are available for public inspection. This has not yet had any impact on us but in theory anyone could walk in and ask to see almost any record.

CRISES - The past year has been one plagued with crises, particularly dealing with the budget. There have been job freezes, submittals and resubmittals of spending plans, holding up of allotments for items already approved, delays in transferring funds between accounts, and a variety of other red tape measures. This has resulted in excessive time being spent on the telephone and meeting with people in Boston just to move the paperwork along so that the institution can operate. It is also highly destructive to morale.

There has continued to be some problems with funding of Baylies and the Nursery and it is a situation that is always potentially explosive.

*SUPERINTENDENT'S GOALS - My personal goals for the first year were threefold.*

1. To learn about Massachusetts Hospital School.
2. To manage crises as well as possible
3. To lay the groundwork for growth and development of the Hospital-School.

#### *ACCOMPLISHMENTS*

1. The Hospital School has run well during the past year despite all the pressures and crises. We have served approximately the same number of in-patients but provided more patient days. This was accomplished despite the fact that for a few months we had approximately 34 vacancies in staff positions that previously had been filled. In addition, we have done much more work in the community. Home visits have been made to former patients as well as to persons applying for admission. We have been involved heavily with local educational agencies around the core evaluation process. Massachusetts Hospital School provided consultations to schools in Stoughton and Westwood and conducted a scoliosis screening clinic for the Canton school system at the end of May.

2. We have established certain basic structures and a framework which should serve us well as we begin to develop the institution. These include the following:



a. A Student Handbook outlining the rights and responsibilities of students has been published and is in effect. This has served to promote communications between the students and the staff, and I believe was useful in developing more responsibility on the part of students.

b. We received a \$46,000 Grant/Special Education through the University of Massachusetts which has been used to buy new equipment, have a film prepared, and used for teacher training.

c. A Career Education study was completed which did a follow-up on the past graduates and has made recommendations for career education in the future. Along with this study are additional funds which are now being used to create a career education unit in the High School.

d. A Space Utilization study was conducted in the School. This has resulted in better use of space more fitting to the needs of the students. In addition, this has resulted in painting and sprucing up of certain sections of the school.

e. A very thorough energy conservation program was undertaken. This has resulted in reduction in use of oil by 31,749 gallons which would have cost \$9,800.00.

f. The Department of Immigration certified the Hospital School as a facility for non-resident aliens. This will reduce the red tape and hassle which occur when a patient is admitted who, for some reason, is not a resident of the United States.

g. A Planning and Development Committee was established which reviewed many alternatives around the development of the Hospital School. Recommendations were made and Goals and Objectives developed. Close to 90 staff of the Hospital School were involved in this planning process. The Goals and Objectives were distributed to all staff of the Hospital School.

h. Publicity efforts were intensified. During the past year an Open House was held and a Legislative Day was carried out successfully. A slide film was developed and numerous stories appeared in the Patriot Ledger regarding the Hospital School. An article on the Hospital School appeared in the New England Journal of Medicine in July of 1975.

i. After considerable efforts Medicaid certification for the cottages is accomplished. This will permit billing Medicaid for cottage patients which will increase the Hospital's revenue situation.

j. Funds were received from Massachusetts Rehabilitative Commission for a new mini bus which is on order.

k. A community Advisory Committee was established. It's members are:

Albert J. Norton, Chairman

Richard Goldberg

Mrs. Joanne Bluestone

Joseph Sullivan

Mrs. Edward Horan

Joseph Buckley

Robert J. Lowrie

Hon. Maurice Ronayne

Hon. John J. Fox

Mrs. Sue Donahue

Ms. Anne Berry

Leo Flynn

Mrs. Armand Hamel

William Dwyer

Raymond MacGerrigle

Hon. James McIntyre

Michael Curran

Joseph Zapustas





## MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

### THE MASSACHUSETTS HOSPITAL SCHOOL

The birth of a handicapped child can occasion much hardship for both the child and his family. Not the least anxiety is how to obtain special inpatient treatment on a short-term or long-term basis. Massachusetts is fortunate to have a residential facility for orthopedically handicapped children that provides both needed medical care and education.

→ Founded in 1904 by an act of the Legislature, the Massachusetts Hospital School is a Department facility for children whose disabilities are neuromuscular or skeletal in origin. The principal patient groups now served include those with cerebral palsy, myelodysplasia, muscular dystrophy and spinal-cord injuries. Massachusetts residents under 21 years of age with these and related orthopedic and neurologic conditions are eligible to apply for admission or may be referred by their own physicians. The average daily census at the Hospital School is 150. A recent analysis of 130 patients showed 65 to be totally dependent in activities of daily living. Forty-seven were classified as partially dependent, and 18 as independent. None of the 65, and only a certain fraction of the 47, would be public-school candidates.

Basic to the program is the co-ordination of the medical and related services that each child requires. Many of the patients with cerebral palsy and spinal-cord injuries require a prolonged program of surgical treatment, rehabilitation, more surgical treatment, more rehabilitation and so on. The Massachusetts Hospital School provides these services under one roof. Here, the child is known by the staff, and his education is provided while he is bedfast. It would be impossible to arrange for the same kind of care from the fragmented system of autonomous agencies existing in most communities. A wide range of specialist skills is ensured by 80 or so consultants. Skilled nursing care is continuously available, together with early childhood education, physical therapy, occupational therapy, speech therapy and social-work staff.

The goal of the Massachusetts Hospital School is to help handicapped children to become as independent and as usefully employed as possible. A number of different programs have been established to achieve this goal. In one program, now involving 51 patients, orthopedic operations and care are co-ordinated with physical and occupational therapy, counseling and related services. The Quadriplegic Program is now responsible for 14 teenage victims of spinal-cord injury. Its purpose is to build up the remaining physical capacities of the patients, to train them in the activities of daily living and to provide emotional and psychological support. A third program with 82 patients is designed for children who are unable to return home for family or community reasons.

Of the 130 children studied, many of whom had been in and

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out of foster care, 31 had no functioning family situation. An additional 58 families had problems serious enough to raise questions about their capabilities to manage without extensive support services of a medical, psychological and social nature. Some children, however, can return home. Last year, 24 children who might have remained at Massachusetts Hospital School were placed at home after a considerable planning effort. Some returned for various periods, but most remained in the community. A recent follow-up report on these youngsters showed that the majority were glad to be home and were successful academically.

All the children under care for their physical handicaps must also be educated. The Hospital School, fully accredited by the New England Association of Schools and Colleges, provides education from kindergarten through high school. Residents who are ambulatory attend classes in the school building. Those who are bedfast are able to participate in classroom teaching through closed-circuit television. Thirty handicapped day students from surrounding towns also attend classes at the Hospital School. Speech therapy and guidance counseling are available at the school, and additional counseling is provided by the Massachusetts Rehabilitation Commission.

An unpublished study of recent graduates of the Massachusetts Hospital School (Gardner DC, Warren SA: Career Education Potential for Students at the Massachusetts Hospital School) showed that 75 per cent had received some further education at either a college or a technical or business school; 24 per cent had been in school full-time since graduation. Of the total number of graduates surveyed, 24 per cent had been employed full-time; an additional 12 per cent had had some employment, and 6 per cent had been employed in a sheltered workshop.

Two additional programs are provided by the Massachusetts Hospital School for handicapped preschool children.<sup>1</sup> In the Baylies Beginning Center, 24 such children join in school activities with nonhandicapped children, thus preparing themselves for the normal school system.

The aim of the Nursery Program, in operation since May, 1973, is to intervene in the early critical period in the life of a handicapped child to enable the parents to adjust to the special needs of the child and to do so within a normal family life. Multiply handicapped infants from birth to children five years of age are candidates for the program, which lasts for four to six weeks. Parents are involved with the nursery team; a comprehensive plan is worked out for each child, and follow-up observation is ensured.

Special clinics held at least once a week, for both residents and outpatients, provide orthopedic, pediatric, cerebral-palsy and pulmonary-function services. A myelodysplasia clinic held once a month at the school has already been described in this column.<sup>2</sup> A new clinical service available for patients with Friedreich's ataxia (or their families) will include cardiac and respiratory evaluations, suggestions for maintaining function and an advocacy role for afflicted children with problems related to school or job. Scoliosis, urology and quadriplegic clinics are also held monthly. Other clinics, such as neurology and cardiac, are scheduled as needed; the specialist clinics are also available on referral for the patients of outside physicians so that parents and teachers may be helped in dealing with handicapped children.

### REFERENCES

1. Russo PK: Handicapped Children's Services. *Commonhealth* 3(2):1-22, 1974
2. Myelodysplasia clinic. *N Engl J Med* 287:777-778, 1972

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# MASSACHUSETTS HOSPITAL SCHOOL

## GOALS AND OBJECTIVES

1975 - 1976

### BACKGROUND

The Massachusetts Hospital School, like any institution, is affected by change. Some of the more significant changes affecting the school are:

1. The move away from institutional care of any type to community based programs. Chapter 766, the Special Education Law, is an example of this.
2. The decline in single handicaps and the increase in multiple handicaps.
3. The move away from structured education to more open educational programs.
4. The trend away from the dominance of professional considerations to patient/user considerations.
5. The trend of ever rising standards of quality of care.
6. The increase in competition for serving the handicapped.
7. The trend away from a growing population to a more stable population.
8. The concern with cost effectiveness.
9. New medical techniques reducing lengths of hospital stays and placing new demands on hospital operations.

To avoid being overcome by change an institution must constantly update itself and move forward. This requires an ongoing process of planning. Such a process has been instituted at the Massachusetts Hospital School.

A Planning and Development Committee was established in June of 1974 to develop goals, objectives and a direction for Massachusetts Hospital School to follow over the next 3-5 years. Their report was approved for discussion purposes on October 31, 1974 by the Board of Trustees. Following this approval over 80 staff members of the Hospital School met in small groups to consider the recommendations of the Planning and Development Committee. Questionnaires were completed by these staff members to measure their agreement or disagreement with the Committee's report. The goals and objectives presented below are the result of the Planning and Development Committee's study modified by the suggestions of the Hospital School staff.

### GOALS

To help physically handicapped children achieve their highest level of independence.

To provide high quality medical, social and education services to children age three months to twenty-one years.



## OBJECTIVES

1. To build on its present strengths of providing medical, educational and social services to the physically handicapped. To accomplish this objective the Massachusetts Hospital School should:
  - a. Organize and expand its communications and public relations activities with physicians, especially orthopedic specialists and pediatricians, school superintendents, consumer groups representing the physically disabled, and parents of the physically handicapped.
  - b. Maintain and strengthen its unique capabilities for servicing the physically handicapped (e.g. expand urology service for paraplegia/quadriplegia, build recreation complex for the handicapped).
  - c. Develop and expand outpatient services to day students, previous graduates and other patients requiring care.
  - d. Develop a close relationship with the State's Crippled Children Program, Massachusetts Rehabilitation Commission and like organizations.
2. To provide services to surrounding communities and become a community resource.
  - a. Conduct scoliosis and related screening clinics.
  - b. Provide consultation to school systems and families on meeting the needs of the handicapped.
  - c. Make space available at Massachusetts Hospital School for community activities and programs.
  - d. Provide evening courses for handicapped adults.
3. To open up opportunities for training physicians, teachers and other human service workers in the care of the handicapped.
  - a. Formal linkages should be established with Bridgewater, University of Massachusetts (Amherst, Boston and Worcester) and other universities and training programs.
4. To begin evolving towards a total campus for the handicapped which would include the Hospital, the School, the Cottages, a Dormitory Residence, Halfway House arrangements, Housing for the Handicapped and Recreational Facilities.
5. To establish the framework for conducting demonstration programs, research and evaluation.
6. To develop commitment and focus the energy of the entire Massachusetts Hospital School community (Trustees, Staff, Students, Alumni, Parents) on attaining these goals and objectives.

## UNFINISHED BUSINESS

Planning is a continuous process and many unanswered questions need answers. Should the age limit of 21 be changed so that older patients/students can be accommodated? Should a senior college, designed for the handicapped but serving all, be built on the grounds? Should other categories of handicapped patients (e.g. heart disease) be served?

These questions need to be considered over the next few years as Massachusetts Hospital School begins to implement the goals and objectives it has determined.

## FISCAL AND PERSONNEL

	<i>Account</i>	<i>1975 Expenditures</i>
<i>Salaries, Permanent Positions</i>	1	2,520,930.
<i>Salaries, Temporary Positions</i>	2	387,075.
<i>Services - Non Employees</i>	3	137,753.
<i>Food</i>	4	99,335.
<i>Clothing</i>	5	9,219.
<i>Housekeeping Supplies &amp; Expenses</i>	6	17,659.
<i>Medical Supplies</i>	7	97,109.
<i>Heat and Plant Operation</i>	8	232,219.
<i>Grounds</i>	9	996.
<i>Travel and Automotive Expense</i>	10	5,296.
<i>Advertising and Printing</i>	11	814.
<i>Maintenance</i>	12	42,924.
<i>Educational Supplies</i>	13	9,952.
<i>Administration Expense</i>	14	33,727.
<i>Equipment</i>	15	31,614.
<i>TOTAL</i>		<hr/> \$3,626,622.

*1975 Fiscal Year:*

<i>Total number of permanent and temporary personnel funded positions</i>	344
<i>Vacant and unfunded positions</i>	52
<i>Total number of permanent and temporary approved personnel</i>	396



## TREASURER

*Fiscal Year 1975 was high-lighted by a dramatic increase in reimbursements for services over the previous year. This was the result of improved billing procedures and an efficient clerical staff.*

*Reimbursements for Services*

<i>Board &amp; Care of Patients:</i>	<i>Fiscal 1974</i>	<i>Fiscal 1975</i>
<i>Direct Patient Payments</i>	21,425.65	10,636.56
<i>Blue Cross</i>	151,041.82	464,574.00
<i>Other Third Party Insurers</i>	91,666.60	224,799.31
<i>Medicaid, etc.</i>	297,194.19	848,453.81
<i>Sub Total</i>	561,328.26	1,548,463.68
<i>Meals</i>	14,785.50	15,244.50
<i>Room Rents</i>	11,094.04	10,288.61
<i>Garage Rents</i>	180.00	152.00
<i>Commissions on Pay Stations &amp; Washing Machines</i>	616.14	652.59
<i>Sales</i>	434.24	530.60
<i>Miscellaneous</i>	2,987.48	799.24
<i>Grand Total</i>	591,425.66	1,576,131.22

DIAGNOSTIC CENSUS AS OF JUNE 30, 1975

<i>Muscular Dystrophy</i>	20
<i>Polio</i>	5
<i>Scoliosis</i>	11
<i>Myelodysplasia</i>	26
<i>Paraplegia</i>	2
<i>Arthrogryposis</i>	5
<i>Freidrich's Ataxia</i>	3
<i>Quadriplegia</i>	10
<i>Cerebral Palsy</i>	47
<i>Spinal Cord Injury</i>	3
<i>Osteogenesis Imperfecta</i>	4
<i>Aseptic Necrosis, Right Hip</i>	1
<i>Traumatic Multiple Injuries</i>	1
<i>Coxa Vara</i>	1
<i>Multiple Congenital Anomalies</i>	3
<i>Subluxation, Right Hip</i>	1
<i>Traumatic Injury</i>	2
<i>Post Surgical Complication</i>	1
<i>Rheumatoid Arthritis</i>	3
<i>Myelitis with Diabetes</i>	1
<i>Slipped Femoral Epiphysis</i>	1
<i>Apert's Syndrome</i>	1
<i>Hydrancephaly</i>	1

## MEDICAL STATISTICS

July 1, 1974 through June 30, 1975

<i>Admissions</i>	<i>(107 female; 94 male)</i>	201
<i>Discharges</i>	<i>(123 female; 92 male)</i>	215
<i>Total Patient Days</i>		34,677
<i>Average Daily Census</i>		95.00

## OPERATIONS: 142

<i>Orthopedic</i>	126
<i>Urological</i>	5
<i>Plastic Surgery</i>	10
<i>General Surgery</i>	1
<i>Neurosurgery</i>	0
<i>Dental</i>	0
<i>ENT</i>	0

## CLINICS 778

<i>Orthopedic</i>	227
<i>Urological</i>	39
<i>Neurological</i>	20
<i>Neurosurgical</i>	32
<i>X-Ray</i>	93
<i>Internal Medicine</i>	0
<i>Cardiology</i>	7
<i>Plastic Surgery</i>	3
<i>Ophthalmological</i>	24
<i>Otolaryngological</i>	9
<i>General Surgery</i>	0
<i>Pediatrics</i>	90
<i>Dermatology</i>	1
<i>Clinical Lab</i>	30



<i>Psychology</i>	68	
<i>Testing</i>		22
<i>Group Meetings</i>		46
<i>Psychiatry</i>		31
<i>Dental</i>	94	
<i>Regular</i>		79
<i>Orthodontic</i>		15

#### OUT-PATIENTS

<i>Pre-admission evaluations</i>	573
<i>Follow-ups</i>	411
<i>Total in-patient</i>	1544

#### DENTAL

<i>Examinations</i>	178
<i>Initial Examinations</i>	45
<i>Fillings</i>	354
<i>Prophylaxis</i>	308
<i>Treatments</i>	7
<i>Extractions</i>	35
<i>X-ray</i>	93
<i>Milwaukee Brace Clinic</i>	104
<i>Other</i>	78
<i>Patients</i>	
<i>Hospital</i>	541
<i>Cottages</i>	348

#### CAST WORK 389

<i>Rissers</i>	59
<i>Removal of Casts</i>	109
<i>Molds</i>	56
<i>Short Leg</i>	21
<i>Bilateral Short Leg</i>	12
<i>Bilateral Long Leg</i>	37
<i>Cylinders</i>	4
<i>Jackets</i>	6
<i>Reinforce</i>	16
<i>Spica</i>	8
<i>Trim Casts</i>	41
<i>Arm Splints</i>	11
<i>Long Leg</i>	6
<i>Posterior Shell</i>	1
<i>Shoulder Spica</i>	1
<i>Plaster Seat</i>	1

## ADMINISTRATIVE ASSISTANT

### PERSONNEL

*This Department is responsible for processing all of the paperwork necessary for the recruitment and termination of all employees, as well as preparing numerous staffing reports and maintaining up-to-date records on employee's health and life insurance and retirement benefits.*

*Due to the job freeze and spending plans, the paperwork required in fiscal 75 was excessive and caused extensive backlog.*

*In addition, the publishing of a 24 page Employee's Handbook which outlines the hospital/schools rules and regulations and also explains the various fringe benefits was completed in this fiscal year.*

### SECURITY

*Providing 24 hour per day, seven days a week security coverage to our handicapped children in this past fiscal year was extremely difficult due to spending levels, job freezes, etc. However, increased utilization of staff allowed a minimum coverage. Children are our prime responsibility but also included are 25 buildings encompassing 75 acres.*

### VOLUNTEER DEPARTMENT

*The Volunteer Service Department has been in operation since November 5, 1973 and is responsible for augmenting the present paid staff when there is need for assistance to provide better student/patient assistance through the procurement of volunteers, in any department, in any capacity. The total number of volunteer hours for the year ending 6/30/75 was 10,239.*

*Some of the activities this department was involved with during the past fiscal year were:*

- Annual Summer Camp Program*
- Suggestion Committee*
- United Way*
- Emergency Bloodmobile*
- Volunteer Appreciation Day*
- Open House*

*All of these programs were extremely successful.*



## EDUCATION DEPARTMENT

## THE SCHOOL

*Opened on September 4, 1974 and closed on June 20, 1975.*

*Grades Kindergarten through Twelfth*

*High School offering a variety of courses is accredited by the New England Association of Schools & Colleges*

*School was in session 181 days*

*Total number of students including day and residential - 208*

*Student/Teacher ratio - 10.9 - 1*

*Total number of day students = 34 : Boys - 22 and Girls - 12*

*The above statistics do not include a significant number of short-term surgery patients since they spend so short a time with us and are carried on their local school registers. These students bring work from home and are given tutorial assistance from our bedside teacher.*

*Although it would appear our student-ratio is favorable, this is not the case as most of our students need individual help in putting on and taking off coats, getting books, writing, moving from place to place in the room, assistance in toileting and all other activities of daily living. It is therefore, essential that the ratio be maintained or in some cases lowered.*

*Our Guidance Department had a total of 583 individual interviews which included the following disciplines: Personal, Educational, Vocational and Scheduling. This department is integrally involved with students on a personal basis, one of the foremost services offered is counselling. A student needs information in order to grow, to accommodate new experiences within their own sphere of understanding. Often the handicapped student does not know how to ask for what he seeks, and frequently is not aware that he is seeking something. It is the skill of a counselor that allows the student to grow by becoming aware and conscious of his own needs, wants and behavior.*

*In a joint effort between Massachusetts Hospital School and Blue Hills Regional Vocational School a career education program was implemented. Nineteen teachers participated in a workshop after the regular school year had ended. Attendance at this workshop was voluntary and as a result the teachers are meeting on their own time throughout the summer. These workshops brought together some of the problems and barriers that the handicapped person encounters during their life and in developing careers.*

*The educational positions of the Massachusetts Hospital School staff were transferred to the Department of Education effective July 1, 1974 in conformance with P.L. 766. However, the maintenance of our educational facility remains with the Department of Public Health. New learning experiences were acquired with this divided responsibility between two separate departments including hiring freezes, paperwork generated by the law, and core evaluations. In spite of all the experiences and reflecting on the positive aspects we look upon fiscal 1975 as a successful school year, and grateful to all the students and staff at Massachusetts Hospital School - Department of Education and our Board of Trustees for their cooperation through the year.*

*Nearly 50% of the graduates have been engaged in a full time activity (school or work) since their graduations from Massachusetts Hospital School. Approximately 40% have had fairly steady employment. Thirty percent are unemployed and looking for work and twenty percent are not in the labor market.*



## AUDIO VISUAL

*The Audio Visual Technician does all photography and this includes the following:*

1. *movies, slides, prints, color and black & white*
2. *medical photography: pre, during and post surgical*
3. *medical and school teaching aides*
4. *copying x-rays*
5. *class pictures and yearbook pictures*
6. *identification badges*

*Also modifies, installs and repairs all damaged and inefficient audio visual equipment and replaces defective parts and installs aids for use in the school and hospital. Also tests for accuracy and calibration and modifications for its use. Maintains and teaches the use of audiometers and sight testing instruments, installation and maintenance of intercommunications and paging systems. Repairs recording instruments. Developed and maintains vocal chord amplifier for patients with paralyzed vocal chords.*

## CLOSED CIRCUIT TELEVISION

*The entire school is equipped with a closed circuit television system. Each classroom, equipped with camera and monitor, provides two-way communication to every room in the Hospital.*

*Children confined to bed because of illness or surgery continue with their school program via one of the television channels which links them to their classroom. An intercom unit within the system permits audio discussion between classroom and patient.*

*The school is a member of the 21 inch classroom and uses special television programs from Channel 2, WGBH-TV, Boston's educational channel.*

*Replacement of 20 television receivers was accomplished this year thus replacing original equipment dating back to 1964 and has greatly updated the system.*

## DRIVER EDUCATION

*Driver education is one of the most important services available to our handicapped students. Four obtained their licenses from the Registry of Motor Vehicles and four are still pending. It would virtually be impossible for our students to accomplish this goal after leaving Massachusetts Hospital School*



## BAYLIES BEGINNING CENTER

*Baylies Beginning Center, a preschool offering educational, therapeutic and social services. It was the result of an expressed need on the part of the staff that there be a more cohesive program for the youngest children resident at the Hospital/School.*

*Baylies Beginning Center constitutes the main resource of daily life experience that is first and most importantly centered on the child's perception. Young children learn from the varied life experiences normally available. The less varied and more fragmented the experience - the more deprived the child.*

*The open classroom environment facilitates the integration of therapeutic and educational activities. The goals are:*

- 1. The open classroom for handicapped and able-bodied children*
- 2. Integrated day for therapy*
- 3. Deinstitutionalization/prevention of institutionalization*
- 4. Outreach; model for communities - encouraging integration*

*inservice training for educators*

*a and family support.*

*For 1976 Baylies Beginning Center aims at helping each student reach his or her highest level of development and will serve as a model for teacher training films.*

### *Population Served*

*July 1 - August 9  
Summer Program*

*25 children (14 physically handicapped)*

*September 5 - June 25  
School Year Program*

*37 children (20 physically handicapped)*

## RECREATION DEPARTMENT

*The Recreation Department is staffed with three part-time people and the program is a voluntary enjoyable type of program with certain basic objectives in mind:*

- 1. to provide opportunities for creative use of leisure time*
- 2. to provide activities that assure each individual regardless of his handicap, a chance to participate actively*
- 3. to encourage various means of self expression*
- 4. to provide instructions in techniques and skills necessary to find satisfaction in recreation*
- 5. to provide a variety of opportunities for investigation and continued application of learning experiences.*
- 6. to foster growth of independence and self-direction and to enlarge and deepen personal interests*
- 7. contribute to the development of physical, mental and emotional health; self realization, social adjustment, democracy and good citizenship and sportsmanship.*

*Students and staff alike recognize our sports program as an important aspect of life at Massachusetts Hospital School. The program continues to provide "normal" activities for the sports minded student. Games are played throughout the school year and these events bring teams from the local area to compete against our physically handicapped students. All the action takes place in wheelchairs designed for sports.*

*Other organized activities include swimming, attending sports events, trips to museums and amusement areas, arts and crafts projects, playing games of all types which help to enrich the lives of our patient/students.*

### *Scoreboard*

*32 Wheelchair Hockey Games - M.H.S. 23 wins - 6 losses and 3 ties*

*32 Girls Wheelchair Basketball Games - M.H.S. 28 wins, 4 losses*

*33 Boys Wheelchair Basketball Games - M.H.S. 30 wins and 3 losses.*



## SOCIAL SERVICE

*Social work intervention at Massachusetts Hospital School took on a special function over the course of this past year, namely (1) establishing priorities for patient services (2) identifying cluster groups for concentrated crises-intervention social work and (3) planned short-term treatment with select patients and/or families.*

*An intensive social survey/assessment of the Massachusetts Hospital School population this year led to the identification of a specific target group of patients and families in need of casework services. The criteria used for placing each family in a particular category was: (1) physical illness (2) emotional maladjustment (3) disruptions in family relationships (4) socioeconomic situation (5) complexities in planning for community living. The categories became identified and 134 patient-in-family situations examined and placed as follows:*

- A. a healthy intact family situation - 43*
- B. a marginal functioning family indicating the presence of some major problems - 62*
- C. a non-existent or totally incapacitated family such as a child without parent involvement or a foster child - 29*

*This survey has provided a more total picture of the Massachusetts Hospital School patients; the B and C families were thus identified as having priority for intensive outreach services by this Department. This goal, naturally, can only materialize given there is proper staffing.*

*M.H.S. social workers took a leading advocacy position for the handicapped both in the area of consultation to community agencies and through direct contacts with clients. By directing community agency personnel to key resources, by providing extensive consultation to families of M.H.S. patients around issues of social, medical, educational and financial concern, by educating parents to the meaning of Chapter 766 and future implications for community integration of their children, the social work department has thus identified itself as committed to a philosophy of equality of services for the handicapped population with a future goal of community education and de-institutionalization of all children identified as capable of functioning in their home communities.*

## ADMISSION'S OFFICE

*153 applications received*

*134 patients admitted*

*14 not admitted - did not qualify*

*5 withdrew applications or chose to attend another facility*

*A supportive approach to new patients/families eases the strain on many parents as they approach the naturally stressful experience of a surgical admission. This department works in a coordinator role with Social Service; not only assembles the social face sheet information on families but also alerts social service staff of particularly troubled families.*



## NURSING DEPARTMENT

The past fiscal year has been traumatizing and of great concern to our Nursing Department whose responsibilities includes the staffing of professional nurses on a 24 hour per day, 7 day per week and 52 week per year schedule. There were many more activities we would like to have implemented but with the acute nursing staff shortage, it was an impossibility.

Massachusetts Hospital School serves a state wide population, and our patient/students home residences are from 81 cities and towns in the Commonwealth. Any child, at any time, can become physically handicapped. Good nursing care must meet the physical and emotional needs of each child. These needs have increased greatly with the admission of more total care patients increasing nursing care hours. National standards are 5 hours nursing care with a 24 hour period considered total care. Massachusetts Hospital School average patient nursing hours are 12-13 hours in a 24 hour period and many require much more.

Nursing has been concerned about the preparation of the child for his future and has made recommendations which have and will benefit the child:

1. A Cottage Rehabilitation Unit for junior and senior students to involve the students in their needs and plans.
2. Utilization of older students as counselors to younger students in cottages.
3. Proposed a parent live-in arrangement for practical family-home preparation.
4. Recommend that Massachusetts Hospital School be a teaching center for all concerned with the handicapped.

Some considerations are:

1. Selecting priority patients, especially junior and seniors to make and implement discharge planning, i.e. those graduate students presently with no placement.
2. Strengthen family planning and support. The family conferences are a big step forward, although time consuming, very positive in approach.
3. Improved recognition of the contribution of each Department at Massachusetts Hospital School. This would reflect back to the patients.
4. Need for a school nurse and a home coordinator.

Involvement:

*Student/Patient Manual*

*Liberalization of Student/Patient Policies*

*Preparation for Joint Commission on Accreditation of Hospitals visit*

*Field Trips*

*Continuing Staff Development*

*Massachusetts Hospital School Summer Camp Program*



### OPERATING ROOM SERVICE

*The Operating Room Nursing staff of the Massachusetts Hospital School tries to live up to the ideals of our philosophy of service to each patient individually. One hundred and forty two procedures were done from July 1, 1974 through June 30, 1975.*

*Covering the clinics and cast room gives the nursing staff an opportunity to meet the patients and be aware of pending surgery and to view the final results of surgery. Cast work totaled 389 cases and 262 clinics were covered by operating room personnel.*

<i>Spine cases</i>	35
<i>Hip cases</i>	29
<i>Leg cases</i>	27
<i>Foot cases</i>	16
<i>Upper Extremities</i>	11
<i>Genito-Urinary Procedures</i>	5
<i>Plastic Surgical Procedures</i>	10
<i>General cases</i>	1
<i>Applications of casts under anesthesia</i>	8
	<hr style="width: 10%; margin: 5px auto;"/> 142

## MEDICAL RECORD DEPARTMENT

The Medical Record Department has served for the fiscal year 1974-1975, in conjunction with all medical activities, i.e., medical transcription of histories and physicals, specialty consultation reports, operative notes, discharge summaries. The filing of all reports in their proper places is a necessary component of the Department. Statistical reports are maintained in the form of indices - patients, physicians, disease and operative. Other statistics are calculated and maintained for the annual report including out-patient visits, Brace Shop work, cast work, etc.

The Utilization Review Process remains the task of an assigned clerk in the Medical Records Department. Her duties are collection of data on patients' reviews from Nursing, Physical Therapy, Occupational Therapy, Social Service, Education and Vocational Rehabilitation. She also attends the weekly Utilization Review meeting and maintains minutes on the cases discussed.

The Medical Record Administrator has attended seminars and workshops over the past year sponsored by the Massachusetts Medical Record Association and the American Medical Record Association on topics of current information on Medical Records.

The Medical Record Committee rendered assistance to the Medical Records Department particularly at the time of the JCAH survey in bringing all medical records up to date. Also, the Committee advocated the purchase of a new format for the records of patients presently enrolled at MHS. The new record will be in a vinyl binder with a breakdown of various components in specific categories. This will greatly assist all who refer to the medical record in carrying out treatment and care.

The pediatricians have been active in researching and applying the principles of the problem at MHS. The Master Problem List has been divided into active and inactive components. The medical records of several patients currently at MHS have been selected for POMR format. This endeavor shall be continued to reach even more patients. Continued effort will be made to apply all principles of POMR.

With these improvements and changes, we look forward to carrying out the duties of the Medical Record Department for continued service to all medical and allied medical departments of the Massachusetts Hospital School.

## PATHOLOGY

Over ninety percent of Laboratory work necessary to meet our patients needs are serviced by our own two technicians who have a staffing pattern from 8:30 a.m. to 10:00 p.m. - Monday thru Friday.

Emergency coverage evenings, weekends and holidays is handled on a call system.

	Hospital	Cottages	Day	OPD	Employees
Total patients tested	2802	418	7	88	180
	Milton/Randolph Damon State Child Leary Labs				
Outside Laboratories	81		73	61	5 31

Blood Bank: Carney Hospital

Received	417
Used	136
Returned	280
Lost	1
Pathology	104



### BRACE SHOP

The purpose of our Brace Shop is to service our handicapped patients with orthopedic and appliances such as long, short leg braces, back braces, orthopedic shoes, pelvic bands, celastic jackets, also general repair to braces including recovering with leather, repairing shoes, helmets, etc. Materials that are used are aluminum, steel, leather, felt, velcro tape for straps and buckles.

In the past three years and to the present, our work load has increased by at least 50 percent or more with the increased in-patient, out-patient and day students.

New equipment for the past fiscal year: new recirculating oven, shoe finishing and polishing machine, 4 new work benches, new exhaust fan and hood, explosion proof cabinet for supplies to meet fire safety regulations, and the complete workshop was repainted.

#### Orthopedic Brace and Leather Shop

	OPD	Day Students	Hospital	Dormitory	Total
Braces	84	52	325	340	801
Body Jackets	24	2	22	12	60
Leather Work	60	33	218	188	499
Splints	0	0	5	2	7
Shoes	22	19	108	152	301
General Repairs	4	11	152	25	192
Other Special Work	1	2	2	2	7
<b>TOTAL</b>	<b>195</b>	<b>119</b>	<b>832</b>	<b>829</b>	<b>1867</b>

### NURSERY PROJECT

There have been 28 families serviced through long and short term admissions. Further follow-up was supplied to another 32 families in terms of home visits, appropriate resource finding and referral and some out-patient services.

The primary goal of the program continues to be the initiation of an early habilitation plan which can be implemented in the home and the coordination of referrals to community based resources for continuance of services.

The past year established a trend in the types of children serviced by the Nursery Team. Chapter 766 has succeeded in providing programs for the mildly involved handicapped child. The severely involved child and his family still receives disjointed services however. And there appears to be a decided lack of supportive services needed to maintain such children in the home setting.

A high priority of the Nursery Team is community outreach and formation of ties with community agencies which help in making a comprehensive plan for the family and subsequent referral to the community.

High priorities of the Nursery Project are to further develop the plan of follow-up and to explore the availability of respite care.

Total patient day care	1,176
Average length of stay	39 days
Percentage of occupancy	53.5%



## OCCUPATIONAL THERAPY DEPARTMENT

Occupational Therapy service continues to include evaluation and/or treatment in the areas of gross physical function, UE coordination and function, perceptual motor function and learning disabilities, post operative care of UE's, oral control, activities of daily living, splinting and adaptive equipment, developmental stimulation and psychological supportive activities.

### Participation/Programs:

1. homemaking activities and apartment living skills
2. Dantium Study; testing for functional, cognitive & perceptual skills
3. Camp Screening; evaluated hand function, self feeding & social interaction
4. Volunteers; diversional activities for bedridden patients
5. Student Affiliations; a three month field work experience was provided to a total of 6 Occupational Therapy students.
6. In-Service Training; lectures, films and orientation to O.T.
7. Community Service; lectures, field trips and meetings
8. Continuing Education; workshops and courses

Therapy time has been recorded in terms of 20 minutes therapy units.

Number of days - 254

Number of Therapists - 3.46

Number of manhours worked - 6159

Average Treatment/Day - 12.13

	Hospital	Cottages	Day Students	Out Patients	Nursery	Total
Patients	127	181	40	76	51	475
Treatments	571	1673	372	103	362	3081
Therapy Units	1059	3313	810	290	693	6165

Fabrication of a total of 55 splints and adapted devices.

## PHYSICAL THERAPY DEPARTMENT

In response to Chapter 766 our Physical Therapy department participated in an outreach program assisting many school departments in the Commonwealth by providing scoliosis screening clinics.

Following surgery or injury, our physical therapists help patients recover function as soon as possible or gain milestones of physical development.

Number of Days - 249

Number of Registered Physical Therapists - 6.9

Number of P.T. professional student hours - 1,416

Number of Department secretary hours - 51

Number of Volunteer hours (office) - 68

Average number of service units/day and RPT - 149.4 and 21.6

Number of:	Hospital	Cottages	Day Hop	Out-Patient *
Patients served	9,654	4,049	1,762	691
service units given	20,990	9,652	4,090	2,492
different patients	213	78	53	158
physical reconditioning service units	2,149	1,723	298	

(\* does not include scoliosis screening in public schools)



## RADIOLOGY

*The purpose of this department is diagnostic and follow-up x-rays for the children at Massachusetts Hospital School. Also these x-rays are filed for the purpose of comparison in a clinical situation, at a later date, and for study to increase the knowledge of the medical profession in the care and treatment of handicapped children.*

*We anticipate our new \$1,060,000. out-patient department to become a reality in the coming year. Certification of Need and funding has been approved and specifications are now out for bid. This project will bring our x-ray department in conformance with all rules and regulations.*

### *Total Number of X-Rays:*

<i>Employees</i>	<i>154</i>
<i>Day Students</i>	<i>14</i>
<i>Pre-Admissions</i>	<i>316</i>
<i>Follow-up Patients</i>	<i>279</i>
<i>Cottage Patients</i>	<i>205</i>
<i>Family Studies</i>	<i>18</i>
<i>Hospital Patients</i>	<i>841</i>
<i>Patients</i>	<i>1884</i>
<i>Total films</i>	<i>4138</i>

### *Total Number of Exams:*

<i>Spines</i>	<i>1024</i>
<i>Chests</i>	<i>354</i>
<i>Extremities</i>	<i>711</i>
<i>Abdomens</i>	<i>39</i>
<i>Skulls</i>	<i>42</i>

### *Total Number of Special Procedures:*

<i>I.V.P.'s</i>	<i>82</i>
<i>Cystograms</i>	<i>16</i>
<i>Loopograms</i>	<i>5</i>
<i>Teleograms</i>	<i>21</i>

## ENVIRONMENTAL SERVICE

*The multitude of support services provided by this major department of the Hospital School are essential for the rehabilitation of the patients and the successful performance of the duties assigned to direct patient care personnel. The department in essence provides a safe, healthful environment and sustenance for both patient and employee as well as the hardware and supplies for their use.*

### *The Departments:*

*Carpenter Shop  
Dietary Department  
Engineering & Electrical  
Grounds & Transportation  
Housekeeping  
Laundry  
Paint Shop  
Print Shop  
Purchasing  
Sewing Room  
Storeroom*

## PURCHASING

*This department is responsible for purchasing all supplies and equipment for the institution, paying for them and accounting for the consumption. Our veteran bookkeeper Margaret Keating has retired after long and loyal service and all her colleagues wish her a happy retirement. To replace her we have found the transition has slowed the flow of work but significant training progress has been achieved.*

## PLANT MAINTENANCE

*This organization is responsible for all painting and carpentry within the institution and is also responsible for the maintenance and repair of all patient wheelchairs as well as building maintenance and renovations. They participated in several major renovations during the past fiscal year alone or in conjunction with electro-mechanical maintenance personnel.*

*The willingness of these various disciplines to work together toward a common goal is to be congratulated.*

## STOREROOM

*Two major physical renovations have been made in the storeroom within the last year. The existing walk-in freezer was renovated and is now in first class condition. A new walk-in freezer has been added which doubles our capacity. This will allow us to order meat in more economical ordering quantities and to store sufficient quantities of food to avoid temporary shortages. Plans for improved inventory control were initiated. Plans were formulated to increase the number and variety of goods to be added to stores.*



## DIETARY DEPARTMENT

The Dietary Department has established a tradition of excellent patient service in the preparation and service of food. Their statistics reflect the substantial number of regular and special meals prepared by the dedicated staff who are on duty seven days per week. Their high morale has carried on through personnel shortages during the past year and in fact the services provided have increased despite such shortages.

Major accomplishments are as follows: A patient menu selection process has been established for bed patients. Improved internal procedures in conformance with latest regulations and recommendations were found to be more than adequate by the Joint Commission on Accreditation. The Dietician or her assistants participate in rounds of the Hospital and Cottages. The Dietician also participated in the formulation of a model diet manual for state wide use and in the Purchasing Agents testing panel. Numerous in-service training programs were conducted. The Dietician participates in professional organizations and University level courses related to her profession.

Conservation in all areas was the by-word during the year and savings in the food account were accrued. The principal meal of the day was moved from mid-day to evening thus accomplishing two goals: 1. To provide the most substantial meal in the evening to offset the need for excessive snacks for the patient before bed and to help fill the longest period of the day without food. 2. To reduce the volume of expensive protein consumed by employees. We average 125 employees at lunch and 40 at supper.

	Normal Meals	Therapeutic Meals
Meals served in Nelson and Bradford Hospitals	45078	21136
Gates, Ross, Ellis and Baylies Cottages	28497	8894
	73575	30031
	Nelson and Bradford	Cottages
Types of Therapeutic Meals Served:		
Low Calorie	14183	8244
Bland	1179	
High Protein	1721	
Nursery	954	
Mechanical Soft	1943	411
Diabetic	465	195
Low Residue	394	
Soft	36	12
Liquid	261	33
	<hr/> 21136	<hr/> 8895



## ENGINEERING & ELECTRICAL DEPARTMENTS

The major program of this department throughout the year has been the repair of aging distribution system and the upgrading of systems to meet the needs of today and tomorrow. This service runs the gamut of hospital needs from temperature actuated radiator valves to OSHA fan guards. The ordinary maintenance of heating systems and controls was perhaps the single most significant factor in our energy conservation program.

The electrical section within the engineering department has worked consistently to upgrade the safety of electrical equipment and systems. An electrical safety program is written, implemented and the results documented and found appropriate by the Joint Commission surveyors.

The rehabilitation of the various areas within the hospital were dependent in great part on the improved wiring and lighting installed by this department. The engineering department has provided a diversity of services not just those found in an official job description. They often repair metal bedsides or perform welding chores for a number of departments and perform many numerous unsung preventative maintenance jobs.

Their conscientious attention to duty provides a safe environment for the Hospital School patients and staff.

1. Installed grounded outlets in all buildings
2. Alarm system to protect food in freezers and walk-in refrigerators
3. All floor lamps required
4. Rewired the sewing room
5. Extended wiring for new Hospital airconditioners, telephone system and installed new outlets in numerous offices throughout the institution allowing the removal of a cobweb extension cords and inadequate wiring which presented a safety hazard.
6. Installed new steam valves and traps to improve heat distribution.
7. Preventative maintenance of plumbing systems and installed new parts to avoid the waste of hot water and to reduce energy conservation.
8. Cleaned the interior of one boiler with caustic soda to remove scale.

## GROUNDS & TRANSPORTATION DEPARTMENT

The first impression one has of anything may in fact be the lasting one. If this be the case the Hospital School must be remembered by visitors and parents only in the most favorable terms. The state of our grounds speak for themselves. Assigned a materials budget which has not increased within memory and fewer employees due to the hiring freeze the department has responded with enthusiasm and had made a large contribution to rehabilitation of our handicapped children.

In addition to the care of the grounds the department provides manpower for a wide variety of transportation and rigging needs throughout the institution. Without their assistance much valuable donated equipment might not have been available to the institution. The transportation component of the department has met an ever increasing need for transportation of patients, employees and supplies. A replacement vehicle was received during the year and a very tired Jeep retired. Vehicle replacement must be continued each year to avoid excessive repairs and lack of dependable transportation.



## HOUSEKEEPING DEPARTMENT

*It is a service that covers a wide range of duties in the daily routine of maintaining a hygienic environment for patients and employees.*

*This department has successfully consolidated all institutional housekeeping activities under a single supervisory structure. This has allowed for the improved utilization of manpower resources due to improved interchangeability of personnel among buildings and assignments. Standardization of cleaning materials, methods, and in-service training programs have allowed savings in material and personnel costs. Priorities have been reassessed and all essential services have been improved.*

*Housekeeping is to be commended for the cleanliness of all areas. This is a frequent comment of families and visitors. In addition, the J.C.A.H. in their inspection said they would use the Massachusetts Hospital School Housekeeping Department as their guide in the future in surveying other hospitals because in their opinion this department was the finest they have ever inspected.*

## SEWING ROOM

*The Sewing Room has completed another year of productive service to patients and other departments. Clothing has to be altered substantially to meet the individual needs of our handicapped children. The multitude of services, such as repairing bedding, modifying medical items, and their diligence has contributed to cost savings for the institution.*

## LAUNDRY

*The Laundry operation has been completely reorganized under the management of our recently appointed Head Laundryman in cooperation with the Executive Housekeeper. Substantial new services have been provided with the same number of personnel due to effective management and the cooperation of the workers involved. The Laundry now distributes all linen directly to the wards and operating room allowing the reassignment of nursing personnel to nursing duties. This change could not have been accomplished without the full cooperation and understanding of the nursing staff and nursing administration. The flow of work within the laundry has been adjusted to meet the demands of the Joint Commission on Accreditation of Hospitals in regard to infection control and cross-contamination.*

*Two new 50 and 100 pound dryers and a lint filter have been installed in the laundry and a bottle neck in laundry processing eliminated. Improved management and service in the department has allowed cost savings.*

### *SUMMER CAMP PROGRAM - 1975*

*A four week summer camp program for physically handicapped children was offered at the Massachusetts Hospital School this summer. The camp was sponsored by The Easter Seal Society, the Massachusetts Association for Handicapped Children, Inc., and the Trustees of Massachusetts Hospital School and with no additional cost to the Commonwealth. It was operated on the Massachusetts Hospital School campus. The camp ran for two, 2-week sessions and served a total of 37 children.*

*The goals of the program were to provide an opportunity for social development and recreational experience for physically handicapped children. The program's priorities in selecting applicants were as follows:*

- 1. To serve 40 physically handicapped children.*
- 2. To provide a respite care program for families caring for severely handicapped children.*
- 3. To serve physically handicapped children who appear to be underserved or not adequately connected with community resources.*
- 4. To serve physically handicapped children placed in other institutions and pediatric nursing homes who appear to be misplaced and may have a better potential.*
- 5. To serve other physically handicapped children.*

*The children resided in a cottage setting with play areas and a lake available. The children also took several field trips. Physical and occupational therapy services were available as well.*

*The camp was offered at no charge to the family.*